

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Topeka Housing Authority Plans

5 Year Plan for Fiscal Years 2005 - 2009
Annual Plan for Fiscal Year 2005

2010 SE California
Topeka, Kansas 66607

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE
WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: Topeka Housing Authority

PHA Number: KS002

PHA Fiscal Year Beginning: (mm/yyyy) 01/2005

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☒ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2005 - 2009
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- ☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☒ The PHA's mission is: (state mission here)
To successfully provide accessible affordable housing.
Success will be defined as
- Putting applicants, tenants, and participants first
 - Market competitiveness
 - Fiscal strength and integrity

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal #1: Increase the availability of decent, safe, and affordable housing.

- ☒ PHA Goal: Expand the supply of assisted housing
- ☒ Apply for additional rental vouchers:
- ☒ Reduce public housing vacancies:
- ☒ Leverage private or other public funds to create additional housing opportunities:
- ☒ Acquire or build units or developments
Milestones:
- ☐ Other (list below)
- ☒ PHA Goal : Improve the quality of assisted housing
- ☒ Improve public housing management: (PHAS score)

- ☒ Improve voucher management: (SEMAP score)
- ☒ Increase customer satisfaction:
- ☒ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- ☒ Renovate or modernize public housing units:
- ☒ Demolish or dispose of obsolete public housing:
- ☒ Provide replacement public housing:
- ☒ Provide replacement vouchers:
- ☐ Other: (list below)

- ☒ PHA Goal: Increase assisted housing choices
 - ☒ Provide voucher mobility counseling:
 - ☒ Conduct outreach efforts to potential voucher landlords
 - ☒ Increase voucher payment standards
 - ☒ Implement voucher homeownership program:
 - ☒ Implement public housing or other homeownership programs:
 - ☐ Implement public housing site-based waiting lists:
 - ☒ Convert public housing to vouchers:
 - ☐ Other: (list below)

II. HUD Strategic Goal: Improve community quality of life and economic vitality

- ☒ PHA Goal: Provide an improved living environment
 - ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - ☒ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - ☒ Implement public housing security improvements:
 - ☒ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)

☐ Other: (list below)

III. HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

- ☒ PHA Goal: Promote self-sufficiency and asset development of assisted households
- ☒ Increase the number and percentage of employed persons in assisted families:
- ☒ Provide or attract supportive services to improve assistance recipients' employability:
- ☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

IV. HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- ☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- ☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
Milestones: Diverse THA staff that reflects mix of area population; eight resident organizations sponsoring events/promoting equal opportunity and fair housing:
- ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2000

[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

- ☒ **Standard Plan**
- ☒ **High Performing PHA**
- ☐ **Small Agency (<250 Public Housing Units)**
- ☐ **Administering Section 8 Only**
- ☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

- ☐ Admissions Policy for Deconcentration
☒ FY 2002, & 2003 Capital Fund Program Annual Statement (*See Attachment G*)
☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- ☐ PHA Management Organizational Chart
☐ FY 2000 Capital Fund Program 5 Year Action Plan
☐ Public Housing Drug Elimination Program (PHDEP) Plan
☒ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
☐ Other (List below, providing each attachment name)

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
None	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
None	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
None	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
None	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
None	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
None	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
None	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30%	5,825	5	5	5	5	5	5

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
of AMI							
Income >30% but <=50% of AMI	5,723	4	4	4	4	4	4
Income >50% but <80% of AMI	11,300	3	3	3	3	3	3
Elderly	4,222	4	3	3	3	3	3
Families with Disabilities	1,625	4	4	4	5	4	4
Race/Ethnicity	17,432	2	2	2	2	1	1
Race/Ethnicity	2,892	4	4	4	4	2	2
Race/Ethnicity	381	4	4	4	4	2	2
Race/Ethnicity	999	4	4	4	4	2	2

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s
Indicate year:
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- ☐ American Housing Survey data
Indicate year:
- ☐ Other housing market study
Indicate year:
- ☐ Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant-Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1557		

Housing Needs of Families on the Waiting List			
Extremely low income <=30% AMI	1357	87.2%	
Very low income (>30% but <=50% AMI)	184	11.8%	
Low income (>50% but <80% AMI)	19	1%	
Families with children	897	57.6%	
Elderly families	125	8%	
Families with Disabilities	342	22%	
Race/ethnicity	1073/Caucasian	68.9%	
Race/ethnicity	418/African American	26.8%	
Race/ethnicity	37/Native American	2.4%	
Race/ethnicity	11/Asian	.7%	
Race/ethnicity	18/Mixed	1.12%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	208		

Housing Needs of Families on the Waiting List			
Extremely low income <=30% AMI	192	92.3%	
Very low income (>30% but <=50% AMI)	14	6.7%	
Low income (>50% but <80% AMI)	2	1.0%	
Families with children	53	25.5%	
Elderly families	6	2.9%	
Families with Disabilities	28	13.5%	
Race/ethnicity	138/Caucasian	66.3%	
Race/ethnicity	59/African American	28.4%	
Race/ethnicity	6/Native American	2.9%	
Race/ethnicity	/Hispanic	8.2%	
Race/ethnicity	5/Mixed	2.4%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	151	72.6%	
2 BR	43	20.7%	
3 BR	12	5.8%	
4 BR	2	1.0%	
5 BR	0	0%	
5+ BR	0	0%	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☒ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☒ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☒ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- ☒ Apply for additional section 8 units should they become available
- ☒ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- ☒ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☒ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☒ Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☒ Adopt rent policies to support and encourage work
- ☒ Other: (list below)
Use Family Self-Sufficiency Program Policies that support and encourage work.

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☒ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☒ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☒ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☒ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☒ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☐ Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☒ Limited availability of sites for assisted housing
- ☒ Extent to which particular housing needs are met by other organizations in the community
- ☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☒ Influence of the housing market on PHA programs
- ☒ Community priorities regarding housing assistance
- ☒ Results of consultation with local or state government
- ☒ Results of consultation with residents and the Resident Advisory Board
- ☒ Results of consultation with advocacy groups
- ☐ Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2004 grants)		
a) Public Housing Operating Fund	1,325,000	
b) Public Housing Capital Fund	1,000,000	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	4,945,000	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
g) Resident Opportunity and Self-Sufficiency Grants	113,600	Micro-business development
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
KS16R00250100	137,308	Replacement Housing
KS16R00250101	140,104	Replacement Housing
KS16R00250102	132,613	Replacement Housing
KS16R00250103	102,958	Replacement Housing
KS16R00250104	120,480	Replacement Housing
KS16P00250102	105,000	Capital Improvement Fund
KS16P00250103	48,000	Capital Improvement Fund
KS16P00250104	934,112	Capital Improvement Fund
KS16P00250203	91,000	Capital Improvement Fund
3. Public Housing Dwelling Rental Income	850,000	PH Operations
4. Other income (list below)		
Other resident charges, laundry commission, misc.	170,000	PH Operations
4. Non-federal sources (list below)		
Juvenile Justice Authority Grant	25,313	PH Supportive services
Total resources	10,240,488	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

☐ When families are within a certain number of being offered a unit: (state number)

☐ When families are within a certain time of being offered a unit: (state time)

☒ Other: (describe)

From the beginning. All at the same time.

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

☒ Criminal or Drug-related activity

☒ Rental history

☐ Housekeeping

☐ Other (describe)

c. ☐ Yes ☒ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☐ Yes ☒ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

☒ Community-wide list

☐ Sub-jurisdictional lists

☐ Site-based waiting lists

☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

☒ PHA main administrative office

☐ PHA development site management office

☐ Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?

If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously

If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office
- ☐ All PHA development management offices
- ☐ Management offices at developments with site-based waiting lists
- ☐ At the development to which they would like to apply
- ☐ Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☐ One
- ☒ Two
- ☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

☒ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☒ Emergencies
- ☐ Overhoused
- ☐ Underhoused
- ☒ Medical justification
- ☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
- ☐ Resident choice: (state circumstances below)
- ☐ Other: (list below)

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection

(5) Occupancy

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

2 Date and Time

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
☒ The PHA's Admissions and (Continued) Occupancy policy
☒ PHA briefing seminars or written materials
☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☒ At an annual reexamination and lease renewal
☒ Any time family composition changes
☒ At family request for revision
☐ Other (list)

(6) Deconcentration and Income Mixing

a. ☐ Yes ☒ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- ☐ Adoption of site based waiting lists
If selected, list targeted developments below:
- ☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- ☐ Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- ☐ Other (list policies and developments targeted below)

d. ☐ Yes ☒ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- ☐ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments
- ☐ Adoption or adjustment of ceiling rents for certain developments
- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- ☐ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- ☐ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☒ Criminal or drug-related activity only to the extent required by law or regulation
- ☐ Criminal and drug-related activity, more extensively than required by law or regulation
- ☒ More general screening than criminal and drug-related activity (list factors below)
- ☐ Other (list below)

b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☐ Yes ☒ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☐ Criminal or drug-related activity
- ☐ Other (describe below)

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- ☒ None
- ☐ Federal public housing
- ☐ Federal moderate rehabilitation
- ☐ Federal project-based certificate program
- ☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- ☒ PHA main administrative office
- ☐ Other (list below)

(3) Search Time

a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

Extensions and Suspensions of Certificates/Vouchers

Pursuant to our current Administrative Plan, 90 days of search time is granted when the voucher is issued.

A one (1) time, thirty (30) day extension of Vouchers will be granted where mitigating circumstances have caused delays. All requests for extensions must be made in writing. Extensions may be granted for the following possible reasons:

1. Extenuating circumstances such as hospitalization or a family emergency for an extended period of time which has affected the family's ability to find a unit within the initial ninety (90) day period. Verification of such circumstances is required.
2. (a) The family has demonstrated that they have made a consistent effort to locate a unit and requested support services from the Section 8 office throughout the initial ninety (90) day period with regard to their inability to locate a unit. (b) If a member of the family is a disabled person, and the family needs an extension because of the disability, the Housing Authority will consider the grant of an extension as a reasonable accommodation.

The initial term plus any granted extensions may not exceed 120 days.

(4) Admissions Preferences

a. Income targeting

☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☐ Yes ☒ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

2 Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

- ☐ This preference has previously been reviewed and approved by HUD
- ☒ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers
- ☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☒ The Section 8 Administrative Plan
- ☒ Briefing sessions and written materials
- ☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☒ Through published notices
- ☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

☒ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☐ \$1-\$25
☒ \$26-\$50

2. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

☐ For the earned income of a previously unemployed household member
☐ For increases in earned income
☐ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

☐ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

☐ For household heads

- ☐ For other family members
- ☐ For transportation expenses
- ☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
- ☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☒ Yes for all developments
- ☐ Yes but only for some developments
- ☐ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☒ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☒ Fair market rents (FMR)
- ☐ 95th percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☒ At family option
- ☒ Any time the family experiences an income increase
- ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- ☐ Other (list below)

- g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☒ The section 8 rent reasonableness study of comparable housing
☐ Survey of rents listed in local newspaper
☒ Survey of similar unassisted units in the neighborhood
☐ Other (list/describe below)

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

- a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
☐ 100% of FMR
☒ Above 100% but at or below 110% of FMR
☐ Above 110% of FMR (if HUD approved; describe circumstances below)

- b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
☐ The PHA has chosen to serve additional families by lowering the payment standard
☐ Reflects market or submarket
☐ Other (list below)

- c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
☒ Reflects market or submarket
☒ To increase housing options for families
☐ Other (list below)

- d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
☒ Rent burdens of assisted families
☐ Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☐ \$1-\$25
☒ \$26-\$50

b. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached.
☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning 2004	Expected Turnover
Public Housing	596	336
Section 8 Vouchers	1,057	3%
Section 8 Certificates	0	N/A
Section 8 Mod Rehab	N/A	N/A
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	N/A
Public Housing Drug Elimination Program (PHDEP)	N/A	N/A

Other Federal Programs(list individually)	N/A	N/A

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

ACOP
Maintenance & Replacement
Repair Policies & Procedures

THA Resolution 2000-4

(2) Section 8 Management: (list below)

Section 8 Admin Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☒ PHA main administrative office
☐ PHA development management offices
☐ Other (list below)

B. Section 8 Tenant-Based Assistance

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☒ PHA main administrative office
☐ Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- ☐ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

- ☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

- a. ☐ Yes ☒ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund?
(if no, skip to sub-component 7B)

b. If yes to question a, select one:

- ☐ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

- ☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- ☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development
- ☐ Revitalization Plan submitted, pending approval
- ☐ Revitalization Plan approved
- ☐ Activities pursuant to an approved Revitalization Plan underway

- ☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
- If yes, list development name/s below:

- ☒ Yes ☐ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
- If yes, list developments or activities below:

- ☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
- If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

- ☐ Yes ☒ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name:

1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 75 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD

<input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or

section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants
- ☐ 26 - 50 participants
- ☐ 51 to 100 participants
- ☐ more than 100 participants

b. PHA-established eligibility criteria

☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

☒ Yes ☐ No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☒ Client referrals
- ☒ Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☒ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☒ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas?

(select all that apply)

- ☒ Public housing rent determination policies
- ☒ Public housing admissions policies
- ☒ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☒ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Kansas Legal Services</i>	8	<i>Specific Criteria</i>	<i>All</i>	<i>both</i>
<i>Capitol Federal Savings</i>	8	<i>Specific Criteria</i>	<i>All</i>	<i>both</i>
<i>Voc. Rehab Services</i>	8	<i>Specific Criteria</i>	<i>All</i>	<i>both</i>
<i>Topeka Transit</i>	8	<i>Specific Criteria</i>	<i>All</i>	<i>both</i>
<i>Housing & Credit Counseling</i>	8	<i>Specific Criteria</i>	<i>All</i>	<i>both</i>
<i>Education Opportunity Center</i>	8	<i>Specific Criteria</i>	<i>All</i>	<i>both</i>
<i>Topeka Area SRS</i>	8	<i>Specific Criteria</i>	<i>All</i>	<i>both</i>

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	0	1

Section 8	17 graduated 14	3
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- b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- ☒ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
 - ☒ Informing residents of new policy on admission and reexamination
 - ☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
 - ☒ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
 - ☒ Establishing a protocol for exchange of information with all appropriate TANF agencies
 - ☐ Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)
- ☒ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
 - ☒ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
 - ☒ Residents fearful for their safety and/or the safety of their children
 - ☒ Observed lower-level crime, vandalism and/or graffiti
 - ☒ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
 - ☐ Other: (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☒ Safety and security survey of residents
- ☒ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☒ Resident reports
- ☒ PHA employee reports
- ☒ Police reports
- ☒ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☒ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☒ Crime Prevention Through Environmental Design
- ☒ Activities targeted to at-risk youth, adults, or seniors
- ☒ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

1. Which developments are most affected? (list below)

Polk Plaza
Pine Ridge
Deer Creek
Western Plaza

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☒ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☒ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☒ Police regularly testify in and otherwise support eviction cases
- ☒ Police regularly meet with the PHA management and residents
- ☒ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services

☐ Other activities (list below)

2. Which developments are most affected? (list below)

Pineridge

Deer Creek

Western Plaza

Polk Plaza

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

☐ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?

☐ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?

(If no, skip to component 17.)

2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?

3. ☐ Yes ☒ No: Were there any findings as the result of that audit?

4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? ____

5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☒ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
- ☐ Not applicable
- ☐ Private management
- ☒ Development-based accounting
- ☒ Comprehensive stock assessment
- ☐ Other: (list below)
3. ☐ Yes ☒ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
- ☒ Attached at Attachment B (Five Year Plan, Capital Fund and Resident Surveys)
- ☐ Provided below:
3. In what manner did the PHA address those comments? (select all that apply)
- ☒ Considered comments, but determined that no changes to the PHA Plan were necessary.
- ☐ The PHA changed portions of the PHA Plan in response to comments
- List changes below:
- ☐ Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- ☐ Candidates were nominated by resident and assisted family organizations
- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☐ Other: (describe)

b. Eligible candidates: (select one)

- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance
- ☐ Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- ☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

Attachments

Use this section to provide any additional attachments referenced in the Plans.

ATTACHMENTS

1. Annual Statements ---- Attachment A
2. Substantial Deviation ---- Attachment B
3. Pet Policy ----- Attachment C
4. Community Service ----- Attachment D
5. Progress Report ----- Attachment E
6. TEB Roster ----- Attachment F
7. Board Roster ----- Attachment G
8. Capital Fund and Resident Surveys -----Attachment H

SUPPORTING DOCUMENTS

Due to the voluminous amount of material all the above mentioned information is on display at the Topeka Housing Authority

PHA Plan Table Library

Component 7 Capital Fund Program Annual Statement Parts I, II, and II

Annual Statement

Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (01/2005)

☒ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	200,000
3	1408 Management Improvements	24,000
4	1410 Administration	97,240
5	1411 Audit	2,000
6	1415 Liquidated Damages	
7	1430 Fees and Costs	2,932
8	1440 Site Acquisition	
9	1450 Site Improvement	26,250
10	1460 Dwelling Structures	570,578
11	1465.1 Dwelling Equipment-Nonexpendable	50,000
12	1470 Nondwelling Structures	0
13	1475 Nondwelling Equipment	27,000
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	1,000,000
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement**Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
HAWIDE	Operations	1406	200,000
	Management	1408	24,000
	Administration	1410	97,240
	Audit	1411	2,000
	Appliances	1465	50,000
	Maintenance Equipment	1475	5,000
	Vehicle Replacement	1475	22,000
KS16P002001 PINERIDGE	Fees & Costs	1430	2,857
	Sewer Line Replacement	1450	5,000
	Sewer Clean Out	1450	1,000
	Landscaping	1450	10,000
	Flooring	1460	10,000
	Plumbing Upgrade	1460	2,000
	Hot Water Heaters	1460	1,000
	Window Replacement	1460	57,143
	Electrical Upgrade	1460	500
	Bathroom Sinks	1460	500
	Guttering/Splashblocks	1460	1,000
KS16P002002 JACKSON TOWERS	Fees & Costs	1430	75
	Sewer/Drain	1450	500
	Plumbing Upgrade	1460	500
	Electrical Upgrade	1460	1,000
	Flooring	1460	1,000
	Roof Repair/Replacement	1460	3,000
	Ceiling Tile Replacement	1460	500
	Rebuild Domestic Hot Water Mixing Val	1460	1,500
	Replace Kitchen sinks, countertops, cabinets	1460	23,000
KS16P002003 POLK PLAZA	Sewer/Clean Out Drain	1450	2,000
	Flooring	1460	1,000
	Plumbing	1460	1,000
	Replace Sinks, Countertops, Cabinets	1460	10,000
	Electrical Upgrade	1460	1,000
	Enterphon	1460	20,000
	HVAC	1460	256,785
KS16P002004a DEER CREEK	Sewer Clean Out	1450	1,500
	Fencing	1450	4,000
	Flooring	1460	5,000
	Showers	1460	20,000
	Plumbing	1460	1,000
	Replace Sinks, Countertops, Cabinets	1460	15,000
	Electrical Upgrade	1460	1,000
	Screen Replacement	1460	20,000
	Guttering/Splashblocks	1460	1,000

KS16P002004b WESTERN PLAZA	Sewer/Clean Out	1450	750
	Flooring	1460	2,000
	Showers	1460	17,750
	Replace sinks, countertops, cabinets	1460	9,000
	Replace Water Heaters	1460	1,000
	Guttering/Splashblocks	1460	300
	Screen Replacement	1460	5,000
	Plumbing	1460	300
	Electrical	1460	9,100
KS16P002005 TYLER TOWERS	Concrete	1450	500
	Flooring (Halls & Units)	1460	10,000
	Plumbing	1460	1,000
	Replace Metal Folding Closet Doors	1460	15,000
	Replace Wood Rails on Balcony	1460	15,000
	Replace Sinks, Countertops, Cabinets	1460	15,000
	Fire Protection Upgrade	1460	1,550
	Electrical Upgrade	1460	1,000
KS16P002008 TENNESSEE TOWN	Sewer/Clean Out	1450	500
	Concrete	1450	500
	Countertops	1460	2,000
	Flooring	1460	1,000
	Plumbing	1460	500
	Electrical Upgrade	1460	250
	Replace Sinks, Countertops, Cabinets	1460	8,400
	TOTAL		1,000,000

Annual Statement**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
	Within 2 years from date funds received	Within 4 years from date funds received

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
KS16P002001	PINERIDGE		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Sewer Line Replacement		5,000	2006
Sewer Clean Out		1,000	
Flooring		10,000	
Plumbing Upgrade		2,000	
Window Replacement		100,000	
Replace Kitchen Sinks, Countertops, Cabinets		30,000	
Electrical Upgrade		2,500	
Central A/C		100,000	
Bathroom Sinks		1,000	
Guttering/Splashblocks		1,000	
Landscaping		10,000	2007
Sewer Line Replace		5,000	
Sewer Clean Out		1,000	
Flooring		10,000	
Plumbing Upgrade		2,000	
Replc Kit Sinks, Countertops, Cabinets		30,000	
Window Replace		153,000	
Mudjack Units		10,000	
Electrical Upgrade		2,500	
Central A/C		100,000	
Bathroom Sinks		1,000	
Guttering/Splashblocks		1,000	
Roof		10,000	
Concrete Replacement		10,000	2008
Landscaping		30,000	
Sewer Line Replace		5,000	
Sewer Clean Out		1,000	
Fencing		10,000	
Flooring		10,000	
Plumbing Upgrade		2,000	
Window Replacemnt		100,000	
Replc kit sinks, cntrtops,		30,000	
Mudjack Units		10,000	
Electrical upgrade		2,500	
Central A/C		150,000	
Bathroom sinks		1,000	
Guttering/splashblocks		1,000	
Roof		10,000	
Dryer Venting		3,000	
Door Replacement		3,000	

Concrete Replacement	10,000	2009
Landscaping	30,000	
Sewer Line Replace	5,000	
Sewer Clean Out	1,000	
Fencing	10,000	
Flooring	10,000	
Plumbing Upgrade	2,000	
Window Replacement	100,000	
Rplce kit sinks, cntrtops,	30,000	
Mudjack Units	10,000	
Electrical upgrade	2,500	
Central A/C	150,000	
Bathroom sinks	1,000	
Guttering/splashblocks	1,000	
Roof	10,000	
Dryer Venting	3,000	
Door Replacement	3,000	
Total estimated cost over next 5 years	1,345,000	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
KS16P002002	JACKSON TOWERS		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Fees & Costs		75	2006
Landscaping		4,000	
Plumbing Upgrade		1,000	
Electrical Upgrade		1,000	
Replace Kit Sinks, Countertops,		51,000	
Rebuild hot water val		1,500	
Fees & Costs		75	2007
Concrete Replacemt		1,500	
Sewer/Drain		2,500	
Plumbing Upgrade		1,000	
Electrical Upgrade		1,000	
Replc Kit Sinks, Cntrtops,		51,000	
Roof Repair/Replac		50,000	
Flooring		20,000	
rebld hot water val		1,500	
Boiler Upgrade		15,000	
Fencing		2,000	
1430 Fees & Costs		75	2008
1450 Concrete Replacement		1,500	
1450 Sewer/Drain		2,500	
1450 Fencing		2,000	
1460 Plumbing Upgrade		1,000	
1460 Replc kit sinks, cntrtops		30,000	
1460 Electrical Upgrade		1,000	
1460 Flooring		30,000	
1460 Rebld hot water val		1,500	
1460 Boiler Upgrade		15,000	
1460 Brick Repair		30,000	

1430 Fees & Costs	75	2009
1450 Concrete Replacemnt	1,500	
1450 Sewer/Drain	2,500	
1450 Fencing	2,000	
1460 Plumbing Upgrade	1,000	
1460 Replc kit sinks, cntrtops	30,000	
1460 Electrical Upgrade	1,000	
1460 Flooring	30,000	
1460 Reblld hot water val	1,500	
1460 Boiler Upgrade	15,000	
1460 Brick Repair	30,000	
Total estimated cost over next 5 years	433,300	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
KS16P002003	POLK PLAZA		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Flooring		1,000	2006
Plumbing		1,000	
HVAC		94,775	
Electrical Upgrade		1,000	
Handrails		4,000	
Hot Water Tank Upd		10,000	
Landscaping		4,000	2007
Flooring		25,000	
Plumbing		1,000	
Electrical Upgrade		1,000	
Landscaping		1,000	2008
Flooring		15,000	
Plumbing		1,000	
Roof Repair/replce		500	
Electrical Upgrade		1,000	
Landscaping		1,000	2009
Flooring		15,000	
Plumbing		1,000	
Roof Repair/replce		500	
Electrical Upgrade		1,000	
Total estimated cost over next 5 years		179,775	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
KS16P002004a	DEER CREEK		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Sewer/Clean Out		1,500	2006
Asphalt Resurfacing		8,000	
Landscaping		6,000	
Flooring		5,000	
Showers		20,000	
Plumbing		1,000	
Replace sinks, countertops, cabinets		30,000	
Electrical Upgrade		1,000	
Guttering/splashblocks		1,000	
Sewer/Clean Out		1,500	2007
Flooring		5,000	
Showers		20,000	
Plumbing		1,000	
Guttering/splashblocks		1,000	
Electrical Upgrade		1,000	
Replace sinks, countertops, cabinets		30,000	
Sewer/Clean Out		1,500	2008
Flooring		5,000	
Plumbing		1,000	
Replc sinks, countertops, cabinets		30,000	
Electrical Upgrade		1,000	
Guttering/splashblocks		1,000	
Sewer/Clean Out		1,500	2009
Flooring		5,000	
Plumbing		1,000	
Replc sinks, countertops, cabinets		30,000	
Electrical Upgrade		1,000	
Guttering/splashblocks		1,000	
Total estimated cost over next 5 years		212,000	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
KS16P002004b	WESTERN PLAZA		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Sewer/Clean Out		750	2006
Flooring		2,000	
replace sinks, countertops, cabinets		9,000	
Replace Waterheaters		1,000	
Roof replacement		30,000	
Guttering/splashblocks		300	
Plumbing		300	
Electrical		300	
Sewer/Clean Out		750	2007
Landscaping		4,000	
replace sinks, countertops, cabinets		9,000	
Flooring		2,000	
Replace Waterheaters		1,000	
Guttering/splashblocks		300	
Plumbing		300	
Electrical		300	
Sewer/Clean Out		750	2008
Landscaping		1,000	
Fencing		20,000	
Furnace Room Locks		2,000	
Replc sinks, countertops, cabinets		9,000	
Replace Waterheaters		500	
Guttering/splashblocks		300	
Plumbing		300	
Electrical		300	
Sewer/Clean Out		750	2009
Landscaping		1,000	
Fencing		20,000	
Furnace Room Locks		2,000	
Replc sinks, countertops, cabinets		9,000	
Replace Waterheaters		500	
Guttering/splashblocks		300	
Plumbing		300	
Electrical		300	
Total estimated cost over next 5 years		129,600	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
KS16P002005	TYLER TOWERS		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Landscaping		4,000	2006
Heating/cooling switch		5,000	
Plumbing		1,000	
Replace shower doors		15,000	
Lighting		5,000	
Replc sinks, countertops, cabinets		33,350	
Install spring door hinge		5,000	
Electrical Upgrade		1,000	
Plumbing		1,000	2007
Electrical Upgrade		1,000	
Plumbing		1,000	2008
Electrical Upgrade		1,000	
Trash Compactor		5,000	
Plumbing		1,000	2009
1460 Electrical Upgrade		1,000	
1465 Trash Compactor		5,000	
Total estimated cost over next 5 years		85,350	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
KS16P002008	TENNESSEE TOWN		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Sewer/Clean Out		500	2006
Flooring		1,000	
Plumbing		500	
Electrical Upgrade		250	
Replce sinks, countertops, cabinets		8,400	
Fees & Costs		3,192	2007
Concrete		500	
Sewer/Clean Out		500	
Flooring		1,000	
Plumbing		500	
Electrical Upgrade		250	
Fees & Costs		3,025	2008
Concrete		500	
Sewer/Clean Out		500	
Flooring		1,000	
Plumbing		500	
Electrical Upgrade		250	

Fees & Costs Concrete Sewer/Clean Out Flooring Plumbing Electrical Upgrade		2009
	3,025	
	500	
	500	
	1,000	
	500	
	250	
Total estimated cost over next 5 years		28,142

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
	PHA WIDE		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Operations Management Administration Audit Appliances Maintenance Equipment		200,000 24,000 99,000 2,000 50,000 5,000	2006
Operations Management Administration Audit Appliances Maintenance Equipment Vehicle replacement		200,000 24,000 99,000 2,000 50,000 5,000 22,000	
Operations Management Administration Audit Appliances Maintenance Equip Vehicle replacement		200,000 24,000 99,000 2,000 50,000 5,000 22,000	2007
Operations Management Administration Audit Appliances Maintenance Equip Vehicle replacement		200,000 24,000 99,000 2,000 50,000 5,000 22,000	
Operations Management Administration Audit Appliances Maintenance Equip Vehicle replacement		200,000 24,000 99,000 2,000 50,000 5,000 22,000	
Operations Management Administration Audit Appliances Maintenance Equip Vehicle replacement		200,000 24,000 99,000 2,000 50,000 5,000 22,000	
Operations Management Administration Audit Appliances Maintenance Equip Vehicle replacement		200,000 24,000 99,000 2,000 50,000 5,000 22,000	2008
Operations Management Administration Audit Appliances Maintenance Equip Vehicle replacement		200,000 24,000 99,000 2,000 50,000 5,000 22,000	
Operations Management Administration Audit Appliances Maintenance Equip Vehicle replacement		200,000 24,000 99,000 2,000 50,000 5,000 22,000	
Operations Management Administration Audit Appliances Maintenance Equip Vehicle replacement		200,000 24,000 99,000 2,000 50,000 5,000 22,000	
Operations Management Administration Audit Appliances Maintenance Equip Vehicle replacement		200,000 24,000 99,000 2,000 50,000 5,000 22,000	
Operations Management Administration Audit Appliances Maintenance Equip Vehicle replacement		200,000 24,000 99,000 2,000 50,000 5,000 22,000	
Total estimated cost over next 5 years		1,586,000	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
	2010 SE California		
Description of Needed Physical Improvements or Management Improvements			Estimated Cost
			Planned Start Date (HA Fiscal Year)
			2006
Electrical Upgrade			250
Flooring			833
			2008
			2009
Total estimated cost over next 5 years			1,083

ATTACHMENT A

ANNUAL STATEMENTS

12. Capital Fund Prgm & Capital Fund Prgrm Replacement Housing Factor Annual Statement/Performance & Evaluation Report					
Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	205,000.00	205,000.00	205,000.00	205,000.00
3	1408 Management Improvements	38,031.00	38,031.00	27,276.26	27,276.26
4	1410 Administration	102,000.00	102,000.00	94,989.54	94,989.54
5	1411 Audit	2,000.00	2,000.00	2,000.00	2,000.00
6	1415 Liquidated Damages	0	0		0
7	1430 Fees and Costs	7,055.00	7,055.00	4,709.00	4,709.00
8	1440 Site Acquisition	0	0		
9	1450 Site Improvement	60,000.00	61,500.00	29,841.18	29,841.18
10	1460 Dwelling Structures	546,400.00	546,400.00	580,868.60	580,868.60
11	1465.1 Dwelling Equipment Nonexpendable	16,700.00	16,700.00	39,279.88	39,279.88
12	1470 Nondwelling Structures	20,000.00	18,500.00	14,831.69	14,831.69
13	1475 Nondwelling Equipment	31,000.00	31,000.00	30,389.85	30,389.85
14	1485 Demolition				
15	1490 Replacement Reserve	0	0		
16	1492 Moving to Work Demonstration	0	0		
17	1495.1 Relocation Costs	0	0		
18	1499 Development Activities	0	0		
19	1501 Collateralization or Debt Service	0	0		
20	1502 Contingency	0	0		
21	Amount of Annual Grant:(sum of lines 2–20)	1,028,186.00	1,028,186.00	1,028,186.00	1,028,186.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002			
Develop # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	Operations	1406		205,000.00	205,000.00	205,000.00	205,000.00	
	Management	1408		5,500.00	0			
	Training	1408		4,301.00	3,646.29	3,646.29	3,646.29	
	Background Checks	1408		27,500.00	22,422.21	22,422.21	22,422.21	
	Internet Access	1408		250.00	135.04	135.04	135.04	
	Computer Services	1408		250.00	153.97	153.97	153.97	
	Commissioner Training	1408		500.00	918.75	918.75	918.75	
	Administration	1410		102,000.00	94,989.54	94,989.54	94,989.54	
	Audit	1411		2,000.00	2,000.00	2,000.00	2,000.00	
	Flooring	1460		10,000.00	0	0	0	
	Appliances	1465		4,000.00	0	0	0	
	Hot Water Heaters	1465		1,500.00	0	0	0	
	Maintenance Equipment	1475		9,000.00	9,340.85	9,340.85	9,340.85	
	Vehicle Replacement	1475		22,000.00	21,049.00	21,049.00	21,049.00	
001 PINE RIDGE	Concrete Replacement	1450		1,500.00	1,100.00	1,100.00	1,100.00	
	Sewer Line Replacement	1450		5,000.00	4,340.68	4,340.68	4,340.68	
	Sewer Clean Out	1450		1,000.00	2,306.50	2,306.50	2,306.50	
	Landscaping	1450			515.00	515.00	515.00	
	Flooring	1460		16,000.00	2,964.00	2,964.00	2,964.00	
	Plumbing Upgrade	1460		500.00	5,371.38	5,371.38	5,371.38	
	Storm Door Replacement	1460		1,000.00	5,100.00	5,100.00	5,100.00	
	Electrical Upgrade	1460		5,000.00	517.00	517.00	517.00	
	Guttering and Splash Blocks	1460		1,000.00	1,730.25	1,730.25	1,730.25	
	Replace Sinks/Ctertops/Cabinet	1460		500.00	219.89	219.89	219.89	
	Central AC	1460		2,000.00	2,210.49	2,210.49	2,210.49	
	Door Replacement	1460		2,000.00	0	0	0	
	Weatherization	1460			150.00	150.00	150.00	
	Appliances	1465		4,000.00	9,146.30	9,146.30	9,146.30	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Develop # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
002 JACKSON	Concrete Replacement	1450		500.00	560.00	560.00	560.00	
	Sewer/Drain	1450		500.00	2,394.00	2,394.00	2,394.00	
	Asphalt Overlay	1460			7,000.00	7,000.00	7,000.00	
	Plumbing Upgrade	1460		250.00	3,213.55	3,213.55	3,213.55	
	Automatic Entrance Door	1460		2,000.00	0	0	0	
	Electrical Upgrade	1460		500.00	0	0	0	
	Hot Water Mixing valves	1460		1,500.00	0	0	0	
	HVAC	1460		4,000.00	9,005.27	9,005.27	9,005.27	
	Flooring	1460		1,200.00	223.60	223.60	223.60	
	Public Safety/Security	1460		1,000.00	805.50	805.50	805.50	
	Replace Sinks, Countertops, Cabinets	1460		800.00	758.80	758.80	758.80	
	Brick Repair	1460			175.50	175.50	175.50	
	Ceiling Tile	1460			243.00	243.00	243.00	
	Fire Protection System	1460			2,163.50	2,163.50	2,163.50	
	Appliances	1465		600.00	2,706.01	2,706.01	2,706.01	
003 POLK PLAZA	Fees & Costs	1430		2,000.00	1,790.00	1,790.00	1,790.00	
	Concrete Work	1450		500.00	0	0	0	
	Landscaping	1450			1,575.00	1,575.00	1,575.00	
	Emergency System	1460		500.00	0	0	0	
	Flooring	1460		7,000.00	1,118.00	1,118.00	1,118.00	
	Lighting Upgrade	1460		500.00	2,472.17	2,472.17	2,472.17	
	Elevator Replacement	1460		234,000.00	270,516.80	270,516.80	270,516.80	
	Window Treatment	1460		500.00	174.82	174.82	174.82	
	Plumbing	1460		500.00	3,978.70	3,978.70	3,978.70	
	Replace sinks, countertops, cabinets	1460		20,000.00	28,709.34	28,709.34	28,709.34	
	Roof repair/replacement	1460		40,000.00	12,365.32	12,365.32	12,365.32	
	Electrical upgrade	1460		2,000.00	596.26	596.26	596.26	
	Remodel units	1460		5,000.00	6,677.27	6,677.27	6,677.27	
	HVAC	1460		7,000.00	35,330.44	35,330.44	35,330.44	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002			
Develop # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
POLK PLAZA	Brick Repair	1460		500.00	0			
	Fire Protection System	1460		800.00	1,985.43	1,985.43	1,985.43	
	Domestic Hot Water	1460		11,000.00	10,695.00	10,695.00	10,695.00	
	Public Safety/Security	1460		25,000.00	26,803.05	26,803.05	26,803.05	
	Common Area Improvement	1460			200.00	200.00	200.00	
	Fire Protection system	1465			200.00	200.00	200.00	
	Appliances	1465		2,000.00	5,412.00	5,412.00	5,412.00	
004a Deer Creek	Fees & Costs	1430		1,000.00	0	0	0	
	Concrete	1450			8,300.00	8,300.00	8,300.00	
	Flooring	1460		7,000.00	520.00	520.00	520.00	
	Plumbing	1460		500.00	1,202.00	1,202.00	1,202.00	
	Replace sinks, countertops, cabinets	1460		5,000.00	0			
	Storm Door Replacement	1460		45,000.00	33,476.75	33,476.75	33,476.75	
	Electrical Upgrade	1460		1,000.00	424.46	424.46	424.46	
	Screen Replacement	1460		500.00	0			
	Rehab Unit	1460			1,500.00	1,500.00	1,500.00	
	Roof Overlay	1460			101.00	101.00	101.00	
	Gutters & Downspouts	1460		1,000.00	700.00	700.00	700.00	
	Rehab Fire Damaged Unit	1460		4,000.00	2,500.00	2,500.00	2,500.00	
	Hot Water Heaters	1465		500.00				
	Appliances	1465		2,000.00	5,712.00	5,712.00	5,712.00	
14b WESTERN	Fees and Costs	1430		855.00	655.00	655.00	655.00	
	Sewer Clean Outs	1450		500.00	0			
	Concrete/Asphalt	1450		30,000.00	0			
	Landscaping	1450		16,000.00	750.00	750.00	750.00	
	Flooring	1460		2,000.00	156.00	156.00	156.00	
	Playground Surface	1460			6,350.00	6,350.00	6,350.00	
	Furnace Room Locks	1460		1,000.00	0			
	Replace sinks, countertops, cabinets	1460		2,000.00	0			

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Develop # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
14b Western con't	Gutters and downspouts	1460		300.00	75.00	75.00	75.00	
	Storm door replacement	1460		7,000.00	6,987.90	6,987.90	6,987.90	
	Screen Replacement	1460		1,800.00	1,725.00			
	Plumbing	1460		300.00	0			
	Electrical	1460		7,800.00	0			
	Roof Replacement	1460		12,000.00	12,777.28	12,777.28	12,777.28	
	Water heaters	1465		500.00				
	Appliances	1465		500.00	1,353.00	1,353.00	1,353.00	
005 TYLER	Fees and costs	1430		3,000.00	2,264.00			
	Concrete	1450		500.00	0			
	Sewer/Clean Out	1450		2,000.00	0			
	Flooring (halls and units)	1450		3,000.00	166.40	166.40	166.40	
	Plumbing	1460		400.00	4,338.86	4,338.86	4,338.86	
	Replace wood rails on balcony	1460		500.00	0			
	Electrical Upgrade	1460		400.00	240.00	240.00	240.00	
	HVAC	1460		200.00	871.10	871.10	871.10	
	Enterphon	1460		27,000.00	13,164.83	13,164.83	13,164.83	
	Fire Protection Upgrade	1460		10,000.00	0			
	Replace sinks, countertops, cabinets	1460		200.00	200.00	200.00	200.00	
	Windows	1460			979.00	979.00	979.00	
	Fire Protection System	1460			2,689.14	2,689.14	2,689.14	
	Door Entry System	1460			88.52	88.52	88.52	
	Appliances	1465		500.00	1,623.60	1,623.60	1,630.60	
008 Tennessee Town	Fees and Costs	1430		200.00	0			
	Concrete	1450		1,000.00	0			
	Sewer/Clean Outs	1450		500.00	0			
	Fencing	1450		500.00	0			
	Countertops	1460		1,000.00	0			
	Flooring	1460			52.00	52.00	52.00	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Develop # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Door Lock/handle replacement	1460		1,200.00	1,134.00	1,134.00	1,134.00	
	Plumbing	1460		500.00	0			
	Electrical Upgrade	1460		250.00	0			
	Hot Water Heaters	1465		300.00				
	Appliances	1465		300.00	1,109.46	1,109.46	1,109.46	
2010 California HOME OFFICE	Asphalt Repair	1450		1,500.00	1,000.00	1,000.00	1,000.00	
	HVAC	1470		12,000.00	13,194.79	13,194.79	13,194.79	
	Roof Replacement/ Repair	1470		5,000.00	0			
	Fire Protection System	1470		1,500.00	1,636.90	1,636.90	1,636.90	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Topeka Housing Authority	Grant Type and Number Capital Fund Program Grant No: KS16P00250103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: 2)

☒ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	159,600.00	159,652.00	109,652.00	109,652.00
3	1408 Management Improvements	33,000.00	32,672.44	1,234.94	1,234.94
4	1410 Administration	79,800.00	79,000.00	11,136.60	11,136.60
5	1411 Audit	2,000.00	2,000.00	2,000.00	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	11,912.00	795.00	795.00	795.00
8	1440 Site Acquisition				
9	1450 Site Improvement	43,728.00	95,948.57	95,948.57	58,181.82
10	1460 Dwelling Structures	310,774.00	346,859.55	316,106.81	291,931.81
11	1465.1 Dwelling Equipment—Nonexpendable	76,000.00	47,828.67	36,914.15	36,914.15
12	1470 Nondwelling Structures	31,250.00	3,455.44		2,440.022
13	1475 Nondwelling Equipment	50,200.00	40,525.15	22,948.00	22,948.05
14	1485 Demolition		2,000.00		
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	798,264.00	798,264.00	646,736.00	585,234.59
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	Operations	1406		159,600.00	159,652.00	159,652.00	159,652.00	
	Management	1408		23,000.00	23,000.00			
	Background Checks	1408			664.00	664.00	664.00	
	Internet Access	1408			8.44	8.44	8.44	
	Training	1408		10,000.00	9,000.00	562.5	562.50	
	Admin	1410		79,800.00	79,000.00	11,136.60	11,136.60	
	Audit	1411		2,000.00	2,000.00			
	Flooring	1460		24,000.00	10,400.00	10,400.00	10,400.00	
	Appliances	1465		50,000.00	32,117.00	32,177.00	32,117.00	
	A/C	1465				1,585.00	1,585.00	
	Hot Water Heaters	1465		2,000.00	2,911.67	2,911.67	2,911.67	
	Maintenance Equipment	1475		15,000.00	15,000.00	11,948.05	11,948.05	
	Vehicle Replacement	1475		25,000.00	25,000.00	11,000.00	11,000.00	
	Demolition	1485			2,000.00			
001 PINE RIDGE	Fees & Costs	1430		5,000.00				
	Concrete Replacement	1450		2,500.00	6,200.00	5,500.00	5,500.00	
	Asphalt Repair/replacement	1450		5,000.00				
	Sewer Line Replacement	1450		2,500.00	9,317.28	4,001.10	4,001.10	
	Sewer Clean Out	1450		1,000.00	6,784.78	5,316.28	5,316.28	
	Waterline	1450		500.00				
	Landscaping	1450			6,230.00	6,230.00	6,230.00	
	Furnace/Therm replacement	1460		10,000.00				
	Flooring	1460			5,750.00	5,750.00	5,750.00	
	Plumbing Upgrade	1460		500.00	7,724.13	2,352.78	2,352.78	
	Window Replacement		1460	47,974.00				
	Storm Door replacement		1460	12,500.00	408.00	408.00	408.00	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Pine Ridge con't	Electrical upgrade		1460	15,000.00	695.06	695.06	695.06	
	Bathroom sinks		1460	500.00				
	Dwelling Brick replacement		1460	500.00				
	Central Air		1460	35,000.00				
	Door Replacement		1460	2,000.00	408.00			
	HVAC		1460		361.68	361.68	361.68	
	HVAC vent cleaning		1460	6,000.00				
	Dryer Venting		1460	500.00	749.00	749.00	749.00	
	Guttering/splashblock		1460	1,000.00	979.25	979.25	979.25	
	Weatherization		1460		250.00	100.00	100.00	
	Remodel Unit		1460		590.00	590.00	590.00	
002 JACKSON	A&E		1430	75.00				
	Concrete Replacement		1450	1,500.00				
	Sewer/drain		1450	2,000.00	949.20	949.20	949.20	
	Asphalt resurfacing		1450	5,000.00				
	Plumbing upgrade		1460	250.00	1,684.70	1,684.70	1,684.70	
	HVAC		1460	2,000.00	9,961.14	8,731.89	8,731.89	
	Handrails		1460	1,000.00				
	Electrical Upgrade		1460	500.00				
	Flooring		1460		730.70	730.70	730.70	
	Replacement sinks, countertops, cabinet		1460	500.00				
	Ceiling Tile replacement		1460	500.00	560.50	442.50	442.50	
	Boiler upgrade		1460	1,500.00				
	Fire Protection System		1460	1,000.00	1,689.00	1,689.00	1,689.00	
	Rebld domestic hot		1460	1,500.00				
	Enterphon		1460	20,000.00	17,000.00	17,000.00	17,000.00	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
JACKSON con't	Roof replacement		1460		65,672.00	65,672.00	65,672.00	
	Automatic Entrance door		1460		1,040.00	1,040.00	1,040.00	
	Lobby/floor furnish		1465	8,000.00				
003 POLK PLAZA	Fees & Costs		1430	750.00	665.00	665.00	665.00	
	Concrete Work		1450	978.00	560.00			
	Asphalt Resurfacing		1450	10,000.00				
	Fire Protection System		1460	1,000.00				
	Flooring		1460		2,125.00			
	Plumbing		1460	500.00	12,406.80			
	HVAC		1460	500.00	5,173.00			
	Rplace sinks, ctrtops, cabinets		1460	15,000.00	11,932.16			
	Electrical Upgrade		1460	1,000.00	2,044.56			
	Remodel Units		1460	15,000.00	9,177.20			
	Enterphon		1460		10,100.00			
	Common Area Improvement		1460	2,000.00				
	Public Safety/Security		1460		2,360.00			
	Roof Replacement		1460		45,991.00			
	Elevator		1460		2,649.60			
	Dryer Venting		1460		387.60			
	Lobby/floor furnishings		1465	8,000.00	150.24			
	Outdoor seating		1475	2,200.00				
004a DEER CREEK	A&E		1430	3,700.00				
	Sewer Clean Out		1450	1,500.00				
	Concrete		1450		1,800.00			
	Flooring		1460		1,750.00			
	Plumbing		1460	500.00				
	Rpl sinks, ctrtops, cabinets		1460	10,000.00	1,692.77			
DEER CREEK con't	Electrical upgrade		1460	11,000.00				
	Roof replacement		1460	20,900.00	58,625.00	59,325.00	35,150.00	

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Guttering/splashblocks	1460		1,000.00	857.90			
	Car Crash Unit	1465			2,400.00			
004b WESTERN	Fees & Costs	1430		2,387.00	130.00			
	Sewer/clean out	1450		750.00	1,116.89			
	Concrete	1450			47,077.82	40,014.60	16,850.50	
	Landscaping	1450			750.00			
	Fencing	1450			14,602.75	14,602.75	14,602.75	
	Lighting	1450		1,000.00				
	Flooring	1460			525.00	525.00	525.00	
	Repl sinks, counters, cabinets	1460		9,000.00				
	Guttering/splashblocks	1460		300.00	75.00			
	Screen replacement	1460		5,000.00				
	Plumbing	1460		300.00				
	Electrical	1460		300.00				
005 TYLER	Resurface prkg/drive	1450		6,000.00				
	Concrete	1450			560.00	560.00	560.00	
	Flooring	1460			1,554.12	1,164.58	1,164.58	
	Window Treatment	1460		10,000.00				
	Plumbing	1460		1,000.00	3,754.82	3,754.82	3,754.82	
	Rplce sinks, counters, cabinets	1460		3,000.00	231.68	231.68	231.68	
	Electrical upgrade	1460		1,000.00	240.00			
	Lighting	1460		5,000.00				
	Enterphon	1460			12,776.00	12,776.00	12,776.00	
	Fire Protection	1460			10,100.00	10,100.00	10,100.00	
TYLER con't	HVAC	1460			18,332.00	18,332.00	18,332.00	
	Lobby/floor furnishings	1465		8,000.00	150.24	150.24	150.24	
008 Tennessee Town	Concrete	1450		1,000.00				
	Sewer/Clean Out	1450		500.00				
	Landscaping	1450		1,500.00				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Countertops	1460		1,000.00				
	Flooring	1460			764.88	764.88	764.88	
	Plumbing	1460		500.00	232.00	232.00	232.00	
	Electrical Upgrade	1460		250.00				
	Carbon Monoxide Det	1460		5,000.00	2,500.00	2,500.00	2,500.00	
	HVAC Vent Cleaning	1460		5,500.00				
	Outside Benches	1475						
2010 California Office	Asphalt Repair	1450		1,500.00				
	Fencing	1470			695.00	695.00	695.00	
	Fire Walls	1470			2,760.44	2,440.22	2,440.22	
	Fire Protection System	1470		5,000.00				
	HVAC	1470		2,000.00				
	Garage Building	1470		22,250.00				
	Electrical (incl lighting)	1470		2,000.00				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report					
Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: TOPEKA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: KS16P00250203 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003 Increment
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	38,069.00	38,069.00	38,069.00	38,069.00
3	1408 Management Improvements	5,700.00	5,700.00		
4	1410 Administration	19,034.00	19,034.00		
5	1411 Audit	2,000.00	2,000.00		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	800.00	800.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	21,000.00	21,000.00		
10	1460 Dwelling Structures	98,244.00	98,244.00		
11	1465.1 Dwelling Equipment—Nonexpendable	350.00	350.00		
12	1470 Nondwelling Structures	300.00	300.00		
13	1475 Nondwelling Equipment	350.00	350.00		
14	1485 Demolition	4,400.00	4,400.00	1,148.60	1,148.60
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	100.00	100.00		
21	Amount of Annual Grant: (sum of lines 2 – 20)	190,347.00	190,347.00	39,217.60	39,217.60
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

12. Capital Fund Prgm & Capital Fund Prgm Replacement Housing Factor Annual Statement/Performance & Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003 Increment		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
001 PINE RIDGE	Fees & Costs	1430		100.00	100.00			
	Grounds	1450		200.00	200.00			
	Water/Sewer Improvement	1450		100.00	100.00			
	Unit Renovation	1460		100.00	100.00			
	Office/Common area	1460		100.00	100.00			
	HVAC	1460		100.00	100.00			
	Electrical	1460		100.00	100.00			
	Domestic Water	1460		100.00	100.00			
	Energy Improvements	1460		100.00	100.00			
	Safety and Security	1460		100.00	100.00			
002 Jackson Towers	Fees & Costs	1430		100.00	100.00			
	Grounds	1450		200.00	200.00			
	Water/Sewer Improvement	1450		50.00	50.00			
	Unit Renovation	1460		100.00	100.00			
	Office/Common area	1460		57,544.00	57,544.00			
	HVAC	1460		100.00	100.00			
	Electrical	1460		100.00	100.00			
	Domestic Water	1460		100.00	100.00			
	Energy Improvements	1460		100.00	100.00			
	Safety and Security	1460		100.00	100.00			
	Office/Common Area Furniture	1465		50.00	50.00			

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003 Increment		
Development # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
003 Polk Plaza	Fees & Costs	1430		200.00	200.00			
	Grounds	1450		250.00	250.00			
	Water/Sewer Improvement	1450		100.00	100.00			
	Unit Renovation	1460		100.00	100.00			
	Office/Common area	1460		12,500.00	12,500.00			
	HVAC	1460		10,000.00	10,000.00			
	Electrical	1460		100.00	100.00			
	Domestic Water	1460		100.00	100.00			
	Energy Improvements	1460		100.00	100.00			
	Safety and Security	1460		100.00	100.00			
	Office/Common Area Furniture	1465		50.00	50.00			
	Outdoor Seating	1475		100.00	100.00			
004a Deer Creek	Fees & Costs	1430		100.00	100.00			
	Grounds	1450		200.00	200.00			
	Water/Sewer Improvement	1450		50.00	50.00			
	Unit Renovation	1460		50.00	50.00			
	Office/Common area	1460		5,000.00	5,000.00			
	HVAC	1460		50.00	50.00			
	Electrical	1460		50.00	50.00			
	Domestic Water	1460		50.00	50.00			
	Energy Improvements	1460		50.00	50.00			
	Safety and Security	1460		100.00	100.00			

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003 Increment		
Development # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
004b Western	Fees & Costs	1430		100.00	100.00			
	Grounds	1450		19,400.00	19,400.00			
	Water/Sewer Improvement	1450		50.00	50.00			
	Unit Renovation	1460		50.00	50.00			
	Office/Common area	1460		50.00	50.00			
	HVAC	1460		50.00	50.00			
	Electrical	1460		50.00	50.00			
	Domestic Water	1460		50.00	50.00			
	Energy Improvements	1460		50.00	50.00			
	Safety and Security	1460		50.00	50.00			
005 Tyler Towers	Fees & Costs	1430		100.00	100.00			
	Grounds	1450		100.00	100.00			
	Water/Sewer Improvement	1450		100.00	100.00			
	Unit Renovation	1460		100.00	100.00			
	Office/Common area	1460		2,000.00	2,000.00			
	HVAC	1460		8,000.00	8,000.00			
	Electrical	1460		100.00	100.00			
	Domestic Water	1460		50.00	50.00			
	Energy Improvements	1460		50.00	50.00			
	Safety and Security	1460		50.00	50.00			
	Office/Common Area Furniture	1465		50.00	50.00			
	Trash Compactor	1465		100.00	100.00			

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: KS16P00250203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003 Increment		
Development # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Northland	Demolition	1485		4,400.00	4,400.00	1,148.60	1,148.60	
008 Tennessee Town	Fees & Costs	1430		100.00				
	Grounds	1450		100.00				
	Water/Sewer Improvement	1450		50.00				
	Unit Renovation	1460		50.00				
	Office/Common area	1460		50.00				
	HVAC	1460		50.00				
	Electrical	1460		50.00				
	Domestic Water	1460		50.00				
	Energy Improvements	1460		50.00				
	Safety and Security	1460		50.00				
	Office/Common Area Furniture	1475		50.00				
2010 California	Grounds	1450		50.00	50.00			
	Building Upgrade	1470		300.00	300.00			
PHA Wide	Operations	1406		38,069.00	38,069.00	38,069.00	38,069.00	
	Management	1408		5,700.00	5,700.00			
	Administration	1410		19,034.00	19,034.00			
	Audit	1411		2,000.00	2,000.00			
	Appliances/Supplies	1465		100.00	100.00			
	Maintenance/Equipment	1475		100.00	100.00			
	Vehicles	1475		100.00	100.00			
	Contingency	1502		100.00	100.00			

Part III: Implementation Schedule

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Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KS16R002501-00			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	13,400.00	13,400.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	8,500.00	8,500.00		
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,000.00	1,000.00		
11	1465.1 Dwelling Equipment—Nonexpendable	114,408.00	114,408.00		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	137,308.00	137,308.00		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: Topeka Housing Authority

Grant Type and Number

Capital Fund Program Grant No:

Replacement Housing Factor Grant No: KS16R002501-01

**Federal
FY of
Grant:
2001**☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)☒ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	13,600.00	13,600.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	6,200.00	6,200.00		
8	1440 Site Acquisition	8,500.00	8,500.00		
9	1450 Site Improvement	1,900.00	1,900.00		
10	1460 Dwelling Structures	98,904.00	98,904.00		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	11,000.00	11,000.00		
21	Amount of Annual Grant: (sum of lines 2 – 20)	140,104.00	140,104.00		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages		
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Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: Topeka Housing Authority

Grant Type and Number

Capital Fund Program Grant No:

Replacement Housing Factor Grant No: KS16R002501-02

**Federal
FY of
Grant:
2002**☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)☒ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	13,200.00	13,200.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	6,373.00	6,373.00		
8	1440 Site Acquisition	15,000.00	15,000.00		
9	1450 Site Improvement	4,000.00	4,000.00		
10	1460 Dwelling Structures	83,440.00	83,440.00		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	10,600.00	10,600.00		
21	Amount of Annual Grant: (sum of lines 2 – 20)	132,613.00	132,613.00		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

[illegible]

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KS16R002501-03			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	10,248.00	10,248.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,948.00	4,948.00		
8	1440 Site Acquisition	11,646.00	11,646.00		
9	1450 Site Improvement	3,105.00	3,105.00		
10	1460 Dwelling Structures	64,781.00	64,781.00		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	8,230.00	8,230.00		
21	Amount of Annual Grant: (sum of lines 2 – 20)	102,958.00	102,958.00		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

[illegible]

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Topeka Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: KS16R002501-04			Federal FY of Grant: 2004
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	120,480.00	120,480.00		
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	120,480.00	120,480.00		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

[illegible]

ATTACHMENT B
Substantial Deviation

ATTACHMENT B

Definition for Substantial Deviation for the Topeka Housing Authority for 2004 Annual and Five-Year Plan

The Topeka Housing Authority will consider the following to be significant amendments or modifications:

- Changes to rent or admissions policies or organization of the waiting list;
 - Additions of non-emergency work items or change in use of replacement reserve funds under the Capital Fund in excess of \$10,000 cumulative over any twelve-month period.
 - And any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.
 - Any change to a DEG grant that requires a budget revision in excess of \$2,000.
-

ATTACHMENT C
PET POLICY

ATTACHMENT C

RESOLUTION NO. _____ Policies Relating to Common Household Pets

BE IT RESOLVED by the Board of Commissioners of the Topeka Housing Authority (THA) that the following common household pet policy is established for all THA complexes and units. This policy replaces all previous THA policies relating to this subject.

A. General

A common household pet is defined as a dog, cat, bird, reptile, rodent, fish or turtle.

THA will offer housing to pet owners and/or to tenants who acquire pets under the terms and conditions described below.

Note: These policies do not apply to animals that assist persons with disabilities. THA policies regarding service animals are included in a separate resolution.

B. THA Obligations

1. THA will issue and enforce rules relating to tenant ownership and the care of pets.
2. THA will designate and post pet exercise areas at each complex.
3. THA will provide containers for the deposit of pet waste.
4. THA will not register a pet if (a) it is not a common household pet, (b) keeping the pet will violate any THA pet rule, (c) the pet owner fails to provide and/or update complete pet registration information, (d) THA reasonably determines that a pet owner will be unable to comply with THA pet rules and related lease obligations.

B. Tenant Obligations

1. Pet owners must comply with all City and THA rules and regulations relating to the ownership and care of pets.
2. Pet owners are liable for any and all damages resulting from pet ownership including bodily harm to individuals and damages to housing authority buildings and property.
3. Pet owners must pay an additional security deposit for pets as specified in the standard THA/Tenant lease. This pet security deposit will be equal to one-half of the regular security deposit for the unit. (Note: this security deposit requirement does not apply in the case of tenants who utilize service animals.)
4. Pet owners must restrain their pets and have them under effective control inside units, in common areas of THA buildings and on THA property outside THA buildings.
5. Pet owners must register pets with THA before the animal is brought onto THA premises and on or before August 1 of each year thereafter. Persons who have unregistered pets must register them within 30 days of the date of the adoption of this resolution and then on or before August 1 of each year thereafter.
6. As part of the registration process pet owners must provide (a) a certificate signed by a licensed veterinarian indicating that the animal has received all inoculations required by applicable state and local law and that it is spayed or neutered if it is a cat or dog, (b) information or a photograph sufficient to demonstrate that the animal is a common household pet, (c) proof that the animal is properly licensed, and, (d) the name, address, and telephone number of one or more responsible persons who will take care of the pet if the owner dies, is incapacitated, or is otherwise unable to care for the pet.
7. Pet owners must sign a statement indicating that they have read and will abide by the terms of this Resolution and THA's pet rules.

B. Rules

The following rules apply to pet ownership by THA tenants.

1. Type, number and size

The number of pets by type that a tenant can have is limited as follows:

1 dog; or,
1 cat; or,
2 rodents; or,
2 reptiles; or,
2 birds; or,
2 turtles; or,
1 20 gallon aquarium of fish.

Dogs and cats cannot weigh more than 16 pounds. Birds may not be more than 12 inches tall. Reptiles may not be more than 3 feet in length.

2. Care of animals

All pets must be kept free from fleas, ticks, vermin and disease.

Pet owners exercising pets on THA property must do so only in areas designated by THA for this purpose. Pet owners must promptly remove and properly dispose of all removable pet waste. Pet owners will be charged \$5.00 for the first occurrence and \$10 per occurrence thereafter when THA staff must remove pet waste from THA premises.

In the case of cats and other pets using litter boxes pet owners must change the litter at least once a week or more often if necessary. Pet waste and used litter must be sealed in plastic and promptly deposited outside in designated containers. Bird cages must be cleaned at least once a week and more often if necessary, and loose seed must be cleaned up promptly.

Authorities will be notified if a pet is left unattended for 24 hours or more, and the pet may be removed from THA premises.

Pets may not be tied, chained or otherwise confined outside anywhere on THA property.

3. Courtesy to other tenants and to THA staff

Pets are allowed in the halls, elevators and common areas of THA high rises only in transition to and from the outside.

THA will terminate the registration for any pet that disturbs other residents or THA staff by barking scratching, whining or by making other unusual noises or engages in any form of threatening behavior.

No pets of visitors are allowed in THA units or on THA premises.

Pet owners may not in any way alter an apartment unit or the area outside a unit to accommodate a pet.

C. Non-Compliance

In the case of any animal owned by a tenant in violation of these policies and rules as of the date of their adoption, the tenant and THA will develop and sign a written agreement within 30 days of adoption of this resolution that specifies how and when the tenant will come into compliance. Thereafter, unregistered pets must be removed from THA property within 24 hours.

Failure to comply with THA pet policies and rules will result in THA serving a written notice of violation on the tenant. This written statement will:

- A) Contain a brief statement of how and what respects a rule has been violated;
 - B) State that the owner has 10 days from the date of service to correct the violation including, if appropriate, removal of the animal or to make a written request for a meeting;
 - C) *State that the owner is entitled to be accompanied by a person of his/her choice at the meeting;*
-

- D) State that the pet owner's failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to terminate the owner's tenancy.

If after meeting the owner and THA fail to resolve a problem or problems relating to compliance with THA's pet policies THA will send the owner a written notice that summarizes the rule or rules violated, indicates that the owner must remove the animal within 10 days, and provide notice that failure to remove the animal will result in action to terminate the owner's tenancy.

This resolution was ADOPTED AND APPROVED by the THA Board of Commissioners on _____. This resolution is effective _____.

Robert E. Duncan II, Chair

John Johnston, Executive Director

The Topeka Housing Authority
Resolution No. 2001-14
Policy Regarding Service Animals

Be it resolved by the Board of Commissioners of The Topeka Housing Authority (TTHA) that the following policy and acknowledgement form is established for all TTHA complexes and units. This policy replaces all previous THA policies relating to this subject.

A. General

Service animals are not pets. They are permitted in all TTHA individual units and in all TTHA common areas and grounds.

TTHA welcomes service animals that assist persons of all ages with disabilities.

TTHA acknowledges that qualified individuals with a disability as defined by state and federal civil rights laws, have the right to request "Reasonable Accommodations," in order to live in a unit with the assistance of service animals.

B. TTHA Obligations

TTHA will honor reasonable accommodation requests regarding service animals from persons with disabilities, upon receiving the following written requests: a) a letter from the individual requesting the reasonable accommodation, and b) certification by the owner that the tenant or a member of his or her family is a person with a disability, that the animal has been trained to assist persons with that specific disability and that the animal actually assists the person with the disability. (24 CFR 5.303)

For the protection of the owner and service animal, owners must provide: a) a certification signed by a licensed veterinarian indicating that the animal has received all inoculations required by applicable state and local law, b) information or a photograph sufficient to identify the animal, c) the name, address and telephone number of one or more responsible persons who will take care of the animal if the owner dies, is incapacitated or is otherwise unable to care for the animal.

TTHA will require annually during the re-certification of tenants updated documentation on the above, a), b), and c) issues, if any changes have occurred.

TTHA allows owners of service animals to have other household "pets" as permitted by TTHA pet policies.

C. Tenant Obligations

Persons utilizing service animals will be expected to address the exercise, care and hygiene needs of their animals in ways that meet reasonable public health concerns.

a. Care of service animals

- + All service animals must be kept free from fleas, ticks, vermin and disease.
- + Persons with disabilities shall not leave their service animals unattended for more than 24 hours, and they must remain closely associated with the animal when outside on TTHA's property.
- + Service animals may not be tied, chained or otherwise confined outside anywhere on TTHA property.
- + Service animal owners may not alter an apartment unit or the area outside a unit to accommodate a service animal without prior approval of TTHA.

a. Courtesy to other tenants and TTHA staff

Service animals shall not be permitted to engage in any form of threatening behavior, at any time to anyone on TTHA property. If an animal engages in threatening behavior towards anyone, it will be considered a violation of the lease and a notice will be issued.

Current owners of service animals shall be given 30 days in which to read and/or understand these procedures. If after 30 days, or anytime thereafter, there is non-compliance with any provision under this tenant obligation section, it will be considered a lease violation and an appropriate notice will be issued setting forth Tenant's rights and potential consequences.

This Resolution was adopted by the Topeka Housing Authority Board of Commissioners on October 3, 2001. It is effective on adoption.

For the Topeka Housing Authority

Robert E. Duncan, II, Chair

John C. Johnston, Director

The Topeka Housing Authority
Resolution No. _____
Policy Regarding Companion Animals

Be it resolved by the Board of Commissioners of The Topeka Housing Authority (TTHA) that the following policy and acknowledgement form is established for all TTHA complexes and units. This policy replaces all previous THA policies related to this subject.

A. General

Companion animals are not pets. They are permitted in all TTHA individual units and in all TTHA common areas and grounds.

TTHA welcomes companion animals that assist persons of all ages with disabilities.

TTHA acknowledges that qualified individuals with a disability as defined by state and federal civil rights laws, have the right to request "Reasonable Accommodations," in order to live in a unit with the assistance of companion animals.

B. TTHA Obligations

TTHA will honor reasonable accommodation requests regarding companion animals from persons with disabilities, upon receiving the following written requests: a) a letter from the individual requesting the reasonable accommodation, and b) from a medical or social service professional, with the knowledge necessary to make such a determination that: 1) the tenant or member of his/her family is a qualified individual with a disability, 2) and that the use of a companion animal is consistent with the individual's need associated with his/her disability.

For the protection of the owner and companion animal, owners must provide: a) a certification signed by a licensed veterinarian indicating that the animal has received all inoculations required by applicable state and local law, b) information or a photograph sufficient to identify the animal, c) the name, address and telephone number of one or more responsible persons who will take care of the animal if the owner dies, or is incapacitated or is otherwise unable to care for the animal.

TTHA will require annually during the re-certification of tenants updated documentation on the above, a), b), and c) issues, if any changes have occurred.

TTHA allows owners of companion animals to have other household "pets" as permitted by TTHA pet policies.

C. Tenant Obligations

Persons utilizing companion animals will be expected to address the exercise, care and hygiene needs of their animals in ways that meet reasonable public health concerns.

b. Care of companion animals

- + All companion animals must be kept free from fleas, ticks, vermin and disease.
- + Persons with disabilities shall not leave their companion animals unattended for more than 24 hours, and they must remain closely associated with the animal when outside on TTHA's property.
- + Companion animals may not be tied, chained or otherwise confined outside anywhere on TTHA property.
- + Companion animal owners may not alter an apartment unit or the area outside a unit to accommodate a companion animal without prior approval of TTHA.

a. Courtesy to other tenants and TTHA staff

Companion animals shall not be permitted to engage in any form of threatening behavior, at any time to anyone on TTHA property. If an animal engages in threatening behavior towards anyone, it will be considered a violation of the lease and a notice will be issued.

Current owners of companion animals shall be given 30 days in which to read and/or understand these procedures. If after 30 days, or anytime thereafter, there is non-compliance with any provision under this tenant obligation section, it will be considered a lease violation and an appropriate notice will be issued setting forth Tenant's rights and potential consequences.

This Resolution was adopted by the Topeka Housing Authority Board of Commissioners on _____. It is effective on adoption.

For the Topeka Housing Authority

Robert E. Duncan, II, Chair

John C. Johnston, Director

ATTACHMENT D
COMMUNITY SERVICE

TOPEKA HOUSING AUTHORITY HUD COMMUNITY SERVICE PROGRAM

I. BASIC INFORMATION

A. INTRODUCTION

These policies and procedures relate to the operation of the HUD Community Service Program sponsored by the Topeka Housing Authority (THA).

B. PARTICIPATION GUIDELINES

With the exceptions listed below, all adult residents of a THA Public Housing complex must contribute at least 8 hours of volunteer community service per month, or participate in a self-sufficiency program for at least 8 hours per month. Residents are exempt from this HUD community service requirement if they are:

- 62 years of age or older;
- Blind or have a disability, and because of this cannot comply with the service provisions of this Program;
- Serve as an aide for a blind or disabled person;
- Engaged in work or preparation for work activities;
- Participating in a State welfare to work program; and/or,
- Receiving state assistance under Title IV of the Social Security Act.

C. WHAT IS WORK OR PREPARATION FOR WORK

Persons who are working and/or are engaged in preparation for work 40 hours or more per month meet the work/preparation for work requirement.

Work and/or preparation for work includes any of the following in any combination.

1. Unsubsidized employment;
2. Subsidized private-sector employment;
3. Subsidized public-sector employment;
4. Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available;
5. On-the-job-training;
6. Job-search and job-readiness assistance;
7. Community service programs;
8. Vocational educational training (not to exceed 12 months with respect to any individual);
9. Job-skills training directly related to employment;
10. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;
- 11. Satisfactory attendance at secondary school or course of study leading to a certificate of general equivalence, in the case of a recipient which has not completed secondary school or received such a certificate; and;**
12. The provision of childcare services to an individual who is participating in a community service program.

D. WHAT IS "COMMUNITY SERVICE"

According to HUD:

"Community service is the performance of voluntary work or duties that are of public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community."

E. WHAT IS NOT "COMMUNITY SERVICE"

Working on or in any way improving the quality or appearance of one's own apartment or the apartment of an immediate family is not community service. Community service is not being paid to provide a service, and it is not religious or political activities.

F. TIMELINESS

Eligible residents must contribute at least 8 hours of community service work each month, participate in a self-sufficiency program for at least 8 hours each month, or have a combination of the two that equals at least 8 hours each month. Hours cannot be carried over from one month to the next. (If a resident volunteers 9 hours one month he or she must still volunteer 8 hours the next month. The "extra" hour from the previous month cannot be carried over.) Eligible residents must complete at least 96 community service and/or self-sufficiency hours in any twelve month lease period.

G. COMPLIANCE

THA will verify compliance with HUD community service requirements as a part of a household's annual recertification. Compliance will be defined as having contributed at least 8 community service and/or self-sufficiency hours for every full month since a previous certification or recertification, regardless of the length of time involved.

For example, a household that is certified on November 15, 2003 and recertified on October 20, 2004 will need to have contributed at least 8 hours of community service and/or engaged in 8 hours of self-sufficiency activities in each of the 10 months of the period from December 1, 2002 through September 31, 2003. Similarly, a household certified on November 15, 2003 and recertified on December 5, 2004 will need to have contributed at least 8 hours of community service and/or engaged in 8 hours of self-sufficiency activities in each of the 11 months from December 1, 2003 through November 30, 2003.

Eligible residents not in compliance with HUD community service requirements at recertification will be offered the opportunity to enter into a written agreement to cure non-compliance. Leases will be renewed for a 12 month period in any situation in which successful completion of such an agreement will cure non-compliance. Failure to make up required volunteer hours in the 12 month term of the new lease will result in non-renewal of the lease.

Failure to comply with HUD community service requirements is grounds for non-renewal of the lease. Any resident who wants to contest a non-renewal of lease decision may do so using THA's grievance process and/or may seek any available judicial remedy.

II. THA COMMUNITY SERVICE OPPORTUNITIES

A. ELIGIBLE ACTIVITIES

All programs and activities sponsored by THA Resident Organizations are eligible community service opportunities.

B. PROCEDURES FOR THA RESIDENT ORGANIZATIONS AND VOLUNTEERS

To receive credit for volunteer hours contributed to a Resident Organization program or activity, volunteers and Resident Organizations must do the following:

Volunteers must sign a hold harmless agreement (Form 1).

Volunteers must submit documentation for volunteer time worked to the Resident Organization for approval (Form 2).

3. A Resident Organization official must verify the volunteer hours worked (Form 2).

(Note: No official of a Resident Organization may verify his/her volunteer hours worked and/or volunteer hours worked by members of his/her immediate family.)

1. The volunteer must report the total number of his/her approved volunteer hours to THA no less than monthly.

C. APPEALS

An attempt will first be made to resolve any dispute within the Resident Organization in which it arises. A dispute that cannot be resolved at this level will be brought to the THA Director or his/her designee for a decision. Any decision will be final. Matters subject to THA's grievance procedure will be handled through that process.

III. OTHER COMMUNITY SERVICE OPPORTUNITIES

A. ELIGIBLE ACTIVITIES

Programs and activities sponsored by local groups and organizations may represent volunteer community service opportunities.

B. PROCEDURES FOR OTHER ORGANIZATIONS

To receive credit for volunteer hours contributed to a group or organization, individual volunteers and the group of organization must do the following.

- 1. Agree to use a formal procedure to track volunteer time.**
- 2. Volunteers must submit documentation for volunteer time earned to the organization for approval.**
3. An Organization official must verify the volunteer hours worked.
(Note: No official may verify his/her volunteer hours worked and/or volunteer hours worked by members of his/her immediate family.)
4. The volunteer must report the total number of his/her approved volunteer hours to THA no less than monthly.

C. APPEALS

An attempt will be made to resolve any dispute within an organization in which it arises. A dispute that cannot be resolved at this level will be brought to the THA Director or his/her designee for a decision. Any decision will be final. Matters subject to THA's grievance procedure will be handled through that process.

IV. SELF-SUFFICIENCY PROGRAMS

A. ELIGIBLE ACTIVITIES

Residents may meet HUD community service volunteer requirements by participating in a self-sufficiency program sponsored by the State Department of Social and Rehabilitation Services (SRS), THA, or, another agency or organization.

B. PROCEDURES FOR PARTICIPANTS

To receive credit for volunteer participation in a self-sufficiency program a resident and a self-sufficiency program official must do the following.

- 1. The volunteer must complete the self-sufficiency program application process.**
- 2. The volunteer must submit documentation for self-sufficiency time spent to a designated case worker.**
- 3. The case worker must verify the volunteer hours worked.**
- 4. The volunteer must report the total number of his/her approved volunteer hours to THA no less than monthly.**

C. PROGRAM MANAGEMENT

THA staff will provide self-sufficiency program opportunities, and approve economic self-sufficiency program opportunities provided by SRS and other agencies and organizations. Residents may meet the volunteer community service requirement by enrolling in a self-sufficiency program for which they qualify. The program operator must agree to provide THA documentation of participation.

D. APPEALS

An attempt will first be made to resolve any dispute at the level it arises. A dispute that cannot be resolved at this level will be brought to the THA Director or his/her designee for a decision. Any decision will be final. Matters subject to THA's grievance procedure will be handled through that process.



THE TOPEKA HOUSING AUTHORITY
2010 S.E. CALIFORNIA AVENUE
TOPEKA, KANSAS 66607
Phone (785) 357-8842 FAX (785) 357-2648

HUD VOLUNTEER COMMUNITY SERVICES PROGRAM

HOLD HARMLESS AGREEMENT

I, _____, (typed or printed name) hereby agree that when I am doing volunteer work on Topeka Housing Authority (THA) property as part of the HUD Community Services Program I will:

1. *Use any materials, equipment or tools provided by THA or a Resident Organization for intended purposes and in a safe manner; and,*
2. Save, indemnify, and hold harmless THA and its agents, contractors and volunteers from any and all liability that may arise in connection with my participation in this Program.

I have read and agree with the above terms and conditions.

Signature _____ Date _____

Attest:

THA Staff Member _____ Date _____



THE TOPEKA HOUSING AUTHORITY
2010 S.E. CALIFORNIA AVENUE
TOPEKA, KANSAS 66607
Phone (785) 357-8842 FAX (785) 357-2648

HUD VOLUNTEER COMMUNITY SERVICES PROGRAM

RESIDENT INFORMATION:

NAME _____
ADDRESS _____ UNIT NUMBER _____

VOLUNTEER RECORD:

Program/Activity	Dates Worked	Hours Worked
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION:

I certify that the person named above worked the hours indicated on the dates indicated.

Name _____ Date _____
Title _____ Phone _____
Signature _____



THE TOPEKA HOUSING AUTHORITY
2010 S.E. CALIFORNIA AVENUE
TOPEKA, KANSAS 66607
Phone (785) 357-8842 FAX (785) 357-2648

HUD VOLUNTEER COMMUNITY SERVICES PROGRAM

RESIDENT INFORMATION:

NAME _____
ADDRESS _____ UNIT NUMBER _____

THA SELF-SUFFICIENCY PROGRAM PARTICIPATION:

Dates	Hours
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CERTIFICATION:

I certify that the person named above participated in this Program for the hours indicated on the dates indicated.

Name _____ Date _____
Title _____ Phone _____
Signature _____



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TOPEKA, KANSAS 66607
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HUD COMMUNITY SERVICE REQUIREMENT

By federal law, with some exceptions, Public Housing residents must participate in eight hours of community service or economic self-sufficiency activities every month.

**I do not have to participate in the HUD Community Services Program for the following reason or reasons:
(Check all that apply.)**

- ☐ **I am 62 years of age or older;**
☐ **I am blind or disabled (as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(8)(1); 1382c) and certify that because of this disability I am unable to comply with the service provisions;**
☐ **I serve as a primary caretaker for a blind or disabled person;**
☐ **I spend at least 40 hours per month engaged in work activities as defined in section 407(d) of the Social Security Act (42 U.S.C. 607(d)), specified below: (Circle what applies.)**

- 1. Unsubsidized employment;**
- 2. Subsidized private-sector employment;**
- 3. Subsidized public-sector employment;**
- 4. Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available;**
- 5. On-the-job-training;**
- 6. Job-search and job-readiness assistance;**
- 7. Community service programs;**
- 8. Vocational educational training (not to exceed 12 months with respect to any individual);**
- 9. Job-skills training directly related to employment;**
- 10. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;**
 - 11. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient which has not completed secondary school or received such a certificate; and**
 - 12. The provision of childcare services to an individual who is participating in a community service program.**

☐ **I am participating in a State welfare to work program; and or**

☐ **I am receiving assistance under a State program funded under Title IV of the Social Security Act.**

APPLICANT CERTIFICATION

I certify that the information provided herein to the Topeka Housing Authority is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Printed Name

Address

Signature

Date

Housing Specialist

Dat



THE TOPEKA HOUSING AUTHORITY
2010 S.E. CALIFORNIA AVENUE
TOPEKA, KANSAS 66607
Phone (785) 357-8842 FAX (785) 357-2648

HUD COMMUNITY SERVICE REQUIREMENT

By federal law, with some exceptions, Public Housing residents must participate in eight hours of community service or economic self-sufficiency activities every month.

I do have to participate in the HUD Community Services Program because I do not meet any of the following criteria:

- **I am not 62 years of age or older;**
- **I am not blind or disabled (as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(8)(1); 1382c) and certify that because of this disability I am unable to comply with the service provisions;**
- **I do not serve as a primary caretaker for a blind or disabled person;**
- **I do not spend at least 40 hours per month engaged in work activities as defined in section 407(d) of the Social Security Act (42 U.S.C. 607(d)), specified below:**
 1. **Unsubsidized employment;**
 2. **Subsidized private-sector employment;**
 3. **Subsidized public-sector employment;**
 4. **Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available;**
 5. **On-the-job-training;**
 6. **Job-search and job-readiness assistance;**
 7. **Community service programs;**
 8. **Vocational educational training (not to exceed 12 months with respect to any individual);**
 9. **Job-skills training directly related to employment;**
 10. **Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;**
 11. **Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient which has not completed secondary school or received such a certificate; and**
 12. **The provision of childcare services to an individual who is participating in a community service program.**
- **I do not participate in a State welfare to work program; and/or**
- **I am not receiving assistance under a State program funded under Title IV of the Social Security Act.**

I understand that I have to participate by contributing at least 8 hours of volunteer community service each month. If I do not participate, I understand that THA has the option of not renewing my lease.

Printed Name

Address

Signature

Date

Housing Specialist

Date



THE TOPEKA HOUSING AUTHORITY
2010 S.E. CALIFORNIA AVENUE
TOPEKA, KANSAS 66607
Phone (785) 357-8842 FAX (785) 357-2648

HUD COMMUNITY SERVICE REQUIREMENT

By federal law, with some exceptions, Public Housing residents must participate in eight hours of community service or economic self-sufficiency activities every month.

Residents are exempt from this community service requirement if they are:

62 years of age or older;

Blind or have a disability;

Serve as an aide for a blind or disabled person;

Employed;

Participating in a State welfare to work program; and or

Receiving assistance under a State program funded under Title IV of the Social Security Act.

I have a disability and, therefore, I have to make the decision if I qualify for the exemption from this requirement.

If you think you cannot meet the requirement to do eight (8) hours of volunteer work every month because of your disability, check the "NO" box below.

If you think you can meet the requirement of this Program to do eight (8) hours of volunteer work every month, check the "YES" box below.

☐ NO. I cannot do eight (8) hours of volunteer work every month as the Program requires.

☐ YES. I can do eight (8) hours of volunteer work every month as the Program requires.

APPLICANT CERTIFICATION

I certify that the information provided herein to the Topeka Housing Authority is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Printed Name

Address

Signature

Date

Housing Specialist

Date

Agency	Address	City	State	Zip	Phone	POC
Cornerstone of Topeka, Inc.	807 SW Western	Topeka	KS	66606	785-232-1650	
Doorstep, Inc	1119 SW 10th Ave	Topeka	KS	66604	785-357-5341	Lisa Lucas
Antioch Family Life Center	1921 SE Indiana	Topeka	KS	66607	232-1937	Delores Anderson
Rescue Mission	600 N. Kansas Ave	Topeka	KS	66608	357-1744	Rebecca Feaker
Breakthrough House	815 SW 5th	Topeka	KS	66603	232-6807	Patricia Vega
Salvation Army	1320 SE 6th	Topeka	KS	66607	233-9648	Volunteer Coordinator Pending
Let's Help Inc	302 Van Buren	Topeka	KS		234-6208x 212/226	John Roberts/Renee
American Red Cross	1221 SW 17th	Topeka	KS	66604	234-0568	Gina
Topeka Aids Project	708 SW 6 th	Topeka	KS	66603	232-3100	Angie Marks

Note: Volunteer applicants may have to complete an application, interviewing and training process with some agencies

ATTACHMENT E

PROGRESS REPORT

**PROGRESS REPORT
NARRATIVE
JANUARY 1, 2004 THROUGH SEPTEMBER 1, 2004**

Need: Shortage of affordable housing

Strategy 1: Maximize the use of current THA resources

THA's operation and maintenance related expenditures (staff, materials, contract costs) are \$32,000 below budget (6%) for the first eight months of 2004. The Public Housing vacancy rate was below 5% from April through July of 2004.

THA provided housing to an average of 1,638 Public Housing and Section 8 Program households per month through August of 2004. This represents a combined average use of 96.13% of available housing assistance.

THA continues to use a screening process that disqualifies persons from participation in the Public Housing and Section 8 Programs who have criminal histories involving drug and violent crime.

Strategy 2: Increase the number of affordable housing units

THA has applied for additional Section 8 vouchers. Funding decisions have not been made as of September 1, 2004.

Need: Assistance for families at or below 30% of median

Strategy 1: Target assistance to families at or below 30% of median

HUD requires that at least 40% of all Public Housing and 75% of all Section 8 households have incomes at or below 30% of median (\$12,450 for one person, \$14,200 for a family of two, \$16,000 for a family of three). Over 75% of all THA Public Housing and Section 8 households have incomes at or below 30% of median. The average income for THA's Public Housing households is \$7,469 and the average income for Section 8 households is \$9,471.

Need: Assistance for families at or below 50% of median

Strategy 1: Target assistance to families at or below 50% of median

(See above: Assistance for families at or below 30% of median)

THA employs one person to provide self-sufficiency support to Public Housing and Section 8 Program households. This staff member helps 20 households annually increase their incomes.

Need: Assistance for special family types

Strategy 1: Target assistance to elderly households

In April of 2002 THA received permission from HUD to designate Tyler Towers as elderly only. Progress in this regard is limited as HUD did not make available Section 8 vouchers that would speed this transition. As of September 1, 2004 elderly residents make up 49% of the residents in this complex.

Strategy 2: Target assistance to other special households

The race/ethnicity of residents of THA's Public Housing units by percent is as follows.

White	63%	Non-Hispanic	89%
Black	33%	Hispanic	11%
American Indian/Alaska native	2%		
Asian/Pacific Islander/Other	2%		

The race/ethnicity of participants in THA's Section 8 Program by percent is as follows.

White	51%	Non-Hispanic	92%
Black	45%	Hispanic	8%

American Indian/Alaska native,	2%
Asian/Pacific Islander/Other	2%

2000 U.S. Census Bureau data relating to the race/ethnicity of poverty households in Topeka by percent are as follows.

White	61%	Non-Hispanic	92%
Black	32%	Hispanic	08%
American Indian/Alaska native	2%		
Asian/Pacific Islander/Other	1%		

City-wide, 62% of all poverty households are headed by females and 38% by males. In contrast, 75% of all THA households are headed by females and 25% by males. It thus appears that THA is doing an adequate job of serving minority and female headed families.

Strategy 3: Affirmatively further fair housing

THA is now distributing a Section 8 newsletter to landlords and THA staff members are participating in meetings of the Landlords Association. A THA staff person is also helping persons with Section 8 vouchers find quality rental housing. One objective of these activities is to increase rental opportunities outside areas of minority/poverty concentration.

ATTACHMENT F
TENANT EXECUTIVE BOARD

ATTACHMENT F

President	Vice President	Secretary	Treasurer	Sgt of Arms	Meeting Date, Time	THA Staff	TEB Locations
Polk Plaza Christine Allen 1312 Polk Apt 207 Topeka, KS 66612	Cleyburne Jones	Martha Heren	Mel Johnson 1312 Polk Apt.807 Topeka, KS 66612	Mel Johnson	Ever 3 rd Tuesday 2:00 p.m.	Lee	July <i>Every 2nd Tuesday@ 2:00p.m</i>
Tyler Towers Zelma Groves 600 W 14 th Apt 601 Topeka, KS 66612	Leroy Bynum	Diana Stainberger	Zelma Groves	Billy Price	Every 3 rd Thursday 2:00 p.m.	Kelli	Feb/Sept
Pine Ridge Nancy Edmiston 1111 SE Highland Topeka, KS 66607		Patricia Calwrie 2954 SE Highland Ct 357-4154	Doll Anser 1115 SE Gilmore Topeka, KS 66607	LeRoy Webb 233-9927	Every 2 nd Tuesday 10:00 a.m.	Don	Apr/Nov
Tennessee Town Louise Jefferson- 1194 C SW Lincoln Topeka, KS 66604	Betty Jones 1163 SW Buchanan 235-5439	Betty Jones	Roger Lewis 1194 B SW Lincoln Topeka, KS 66605	Roger Lewis 1194 B SW Lincoln Topeka, KS 66605	Every 3 rd Monday 2:00 p.m.	Lee	Mar/Oct
Deer Creek Mary Marshnow 2430 SE Colonial Topeka, KS 66605		Alice Hunter	Felicia Pridgen 2479 Colonial Topeka, KS 66605	Robert Hunter		Lee	May/Dec
Jackson Towers Jo Mallory- 1122 SW Jackson Apt.702 Topeka, KS 66612	Alice Payne Jackson #605 235-5750	Dona Nabus #506 No phone	Linda Rath #613 232-2112	Bill Smith #502 357-8409	2 nd Wed. @4 PM	Don	August
Western Plaza Whitney Lucky 1329 B SW Western Topeka, KS 66604	Dane Taylor 235-0538 1331A Western (04)	Alexandrea Anhorn 267-56497 1325A SW Western	Dane Taylor 235-0538 1331A Western	Daniel Franks	Every 2nd Wednesday 2:00 p.m.	Lee	June @Polk
TEB Louise Jefferson	Jo Mallory	LeRoy Bynum	Zelma Groves	LeRoy Webb	Every 2 nd Tuesday 2:00 p.m.	Lee	
TEB Members	Polk Christine Allen Cleyburne Jones	Tyler Leroy Bynum Zelma Groves	Jackson Jo Mallory- Alice Payne	PR Clara White- Nancy Edmiston LeRoy Webb	DC Mary Marshnow Alice Hunter	Western	T-Town Louise Jefferson Betty Jones

ATTACHMENT G
BOARD ROSTER

Board of Commissioners

Joseph E Marshall - Chairman
1910 SE Sage
Topeka KS 66607
Home: 785-234-8005
Email: joemarsh@juno.com

Gary Yager
3521 SW Lincolnshire Rd
Topeka KS 66614
Home: 785-273-1179
Email: GaryEYager@hotmail.com

Frank Ybarra - Vice Chairman
2616 SW Bingham Ct
Topeka KS 66614
Home: 785-478-4192
Email: oumex10@aol.com

Nancy Artzer-May
1301 SW Fillmore #17
Topeka KS 66604
Home: 785-232-2411
Email: nartzermay@cjnetworks.com

Michelle Canady
1114 SE Highland Ave. #195
Topeka, KS 66607
Resident

ATTACHMENT H
CAPITAL FUND AND RESIDENT SURVEYS

ATTACHMENT H

RESIDENT AND CAPITAL FUND SURVEYS

Customer Service and Satisfaction Survey

	4	3	2	1	2002	2003
	VERY SATISFIED	SATISFIED	DISSATISFIED	VERY DISSATISFIED		
1. How satisfied are you with the following:						
Your unit/home?	21	29	7	3	3.19	3.36
Your development / Building?	19	24	5	4	2.93	3.19
Your neighborhood?	11	26	7	8	2.81	2.88
<u>MAINTENANCE AND REPAIR</u>						
	HAVE NEVER CALLED	1 TO 3 TIMES	4 TO 6 TIMES	MORE THAN 6TIMES	DOES NOT APPLY	
2. How many times have you called for maintenance or repairs?						
	0	41	15	4	1	
	HAVE NEVER CALLED	LESS THAN 1 WEEK	2 TO 4 WEEKS	MORE THAN 4 WEEKS	PROBLEM NEVER CORRECTED	
3. If you called for Non-emergency maintenance or repairs the work was usually completed in:						
	8	43	4	1	5	
	HAVE NEVER CALLED	LESS THAN 6 HOURS	6 TO 24 HOURS	MORE THAN 24 HOURS	PROBLEM NEVER CORRECTED	
4. If you called for Emergency Maintenance or repairs the work was usually completed in:						
	16	29	14	3	0	
	VERY SATISFIED	SATISFIED	DISSATISFIED	VERY DISSATISFIED	2002	2003
5. Based on your experience, how satisfied are you with?						
How easy was it to request repairs?	22	33	3	2	3.40	3.36
How well the repairs were done?	19	35	1	2	3.43	3.27
How well you were treated by the person you contacted for repairs?	36	22	0	2	3.56	3.36
How well you were treated by the person doing the repairs?	40	20	0	1	3.58	3.53

COMMUNICATION

6. Do you think management provides you information about:

Maintenance & repair??	23	30	3	7	3.27
The rules of your lease?	14	28	9	4	3.21
Meetings and events?	17	34	6	2	3.26

7. Do you think management is:

Responsive to your questions and concerns?	21	27	9	5	3.04
Courteous, professional with you?	21	21	5	6	3.32
Supportive of your resident/tenant organization?	18	40	1	2	3.28

8. Are you involved in a resident/tenant organization in your housing development?

Yes	No
41	16

SAFETY

9. How safe do you feel?

In your unit/home?	20	25	8	4	0	3.25
In your building?	17	25	5	3	2	2.95
In your parking area?	7	19	10	8	1	2.53

10. Do you think any of the following contribute to crime in your development?

16	Bad Lighting	Residents don't care	17	2
3	Broken Locks	Resident screening	19	3
15	Location of Housing	Vacant units	5	8
10	Police do not respond	Open air drug activities	34	4

11. If residents in your development break the rules in the lease, does management take action?

YES	NO	Don't Know
14	20	26

GENERAL INFORMATION

22. WHAT IS YOUR GENDER?

MALE	FEMALE
27	32

23. HOW OLD ARE YOU?

18-24	25-34	35-44	45-54	55-61	62 +
1	4	10	10	12	20
CAUSASIAN WHITE	AFRICAN AMERICAN	ASIAN PACIFIC	NATIVE AMERICAN	INDIAN	HISPANIC

24. WHAT IS YOUR RACE / ETHNICITY

34	16	0	1	1	5
LESS THAN 6 MONTHS	6 MONTHS TO YEAR	2 TO 5 YEARS	OVER 5 YEARS		

25. HOW LONG HAVE YOU LIVED IN YOUR HOUSING DEVELOPMENT?

4	16	27	12
---	----	----	----

LESS THAN \$100/MONTH 100 TO 199 200 TO 299 300 TO 399 over 400

26. HOW MUCH DO YOU PAY IN RENT EACH MONTH?

18	15	22	5	1
----	----	----	---	---

16a. If you had a problem with smoke detectors,

never had a problem	Less than 6 hours	6 to 24 hours	More than 24 hours	problem never corrected
---------------------	-------------------	---------------	--------------------	-------------------------

how long did it take to fix?

40	12	5	0	3
----	----	---	---	---

17. How satisfied are you with the upkeep of the

VERY SATISFIED	SATISFIED	DISSATISFIED	VERY DISSATISFIED
----------------	-----------	--------------	-------------------

2002

following areas in your development?

Common Areas?

21	27	7	3
----	----	---	---

3.06

Exterior of Building?

17	25	10	6
----	----	----	---

3.11

Parking areas?

11	25	17	5
----	----	----	---

2.86

Recreation areas?

14	22	13	4
----	----	----	---

3.10

18. How often, if at all, are any of the following a

Never	Sometimes	Often	Always	Does not apply
-------	-----------	-------	--------	----------------

problem in your development:

2002

Abandoned cars?

13	32	3	2	4
----	----	---	---	---

3.38

Broken glass?

22	20	7	4	2
----	----	---	---	---

3.37

Graffiti?

37	6	3	3	4
----	---	---	---	---

3.61

Noise?

14	24	7	10	2
----	----	---	----	---

3.11

Rodents and insects?

15	27	7	8	4
----	----	---	---	---

3.28

Trash/liter?

16	25	8	4	2
----	----	---	---	---

3.10

Vacant units?

26	20	3	3	2
----	----	---	---	---

3.45

CONCLUSION

Made no such request	Yes	No	Does not Apply
15	9	9	25

19. If there is a person with a permanent disability

in your household, did your management make necessary changes to your unit ?

20. Since moving into your current resident, have you been

told by a doctor, nurse or local health department that any

of your children have lead poisoning or a high level of lead in their bodies?

Yes	No	Does not Apply
2	52	2

21. Would you recommend your housing development

to a friend, or family member seeking public housing?

Yes	No	DON'T KNOW
44	6	10

12. Are you aware of any crime prevention programs available to residents?

Yes	No	Does not Apply
31	22	5

13. Over the last year, how many problems, if any, have you had with electricity or heat?

NEVER HAD A PROBLEM	1 TO 3 PROBLEMS	4 TO 6 PROBLEMS	MORE THAN 6 PROBLEMS	DOES NOT APPLY
36	16	0	4	5

13a. If you had a problem with electricity or heat, how long did it take to fix?

NEVER HAD A PROBLEM	LESS THAN 6 HOURS	6 TO 24 HOURS	MORE THAN 24 HOURS	PROBLEM NEVER CORRECTED
35	11	6	4	4

14. Over the last year, how many problems, if any, have you had with kitchen appliances?

NEVER HAD A PROBLEM	1 TO 3 PROBLEMS	4 TO 6 PROBLEMS	MORE THAN 6 PROBLEMS	DOES NOT APPLY
33	20	3	0	3

14a. If you had a problem with kitchen appliances, how long did it take to fix?

NEVER HAD A PROBLEM	LESS THAN 6 HOURS	6 TO 24 HOURS	MORE THAN 24 HOURS	PROBLEM NEVER CORRECTED
31	13	5	3	8

15. Over the last year, how many problems, if any, have you had with water or plumbing?

NEVER HAD A PROBLEM	1 TO 3 PROBLEMS	4 TO 6 PROBLEMS	MORE THAN 6 PROBLEMS	DOES NOT APPLY
20	33	3	2	2

15a. If you had problems with water or plumbing, how long did it take to fix?

NEVER HAD A PROBLEM	LESS THAN 6 HOURS	6 TO 24 HOURS	MORE THAN 24 HOURS	PROBLEM NEVER CORRECTED
21	16	17	1	3

16. Over the last year, how many problems, if any, have you had with smoke detectors?

NEVER HAD A PROBLEM	1 TO 3 PROBLEMS	4 TO 6 PROBLEMS	MORE THAN 6 PROBLEMS	DOES NOT APPLY
38	16	1	3	4

BUILDINGS/UNITS

LOBBY AND LANDING FURNISHINGS
 KITCHEN SINKS / COUNTERTOPS / CABINETS
 HANDRAILS IN HIGH RISE HALLS
 WOOD RAILS ON BALCONIES
 SPRING DOOR HINGES
 REPLACE FOLDING CLOSET DOORS
 REPLACE SHOWER DOORS
 OTHER _____
 OTHER _____
 OTHER _____
 OTHER _____
 OTHER _____
 OTHER _____

NOT A PRIORITY	MEDIUM PRIORITY	HIGH PRIORITY
3	4	7
3	5	8
9	1	6
3	7	6
8	6	1
7	6	5
6	5	6

GROUPS

FENCING
 LANDSCAPING
 OUTDOOR SEATING
 OTHER _____
 OTHER _____
 OTHER _____
 OTHER _____
 OTHER _____

6	5	3
5	5	2
6	1	7

**TOPEKA HOUSING AUTHORITY
 TOTALS
 FIVE YEAR PLAN SURVEY**

9/1/2004

ACTIVITIES	NOT A PRIORITY	MEDIUM PRIORITY	HIGH PRIORITY
APPLY FOR MORE SECTION 8 VOUCHERS	12	24	23
GET MORE (NON HUD) FUNDING	2	17	41
BUILD NEW AFFORDABLE RENTAL UNITS	4	21	32
REDUCE PUBLIC HOUSING VACANCIES	9	23	26
ENCOURAGE AND SUPPORT RESIDENT ORGANIZATIONS	1	14	43
INCREASE PUBLIC HOUSING RESIDENT SATISFACTION	1	11	40
HELP SECTION 8 PROGRAM PARTICIPANTS FIND UNITS IN ALL PARTS OF TOPEKA	6	21	29

RECRUIT MORE SECTION 8 LANDLORDS	9	14	33
HELP PUBLIC HOUSING FAMILIES PURCHASE HOMES	8	18	31
HELP SECTION 8 FAMILIES PURCHASE HOMES	7	23	29
MAKE SAFETY/SECURITY IMPROVEMENTS AT THA PUBLIC HOUSING COMPLEXES	1	5	48
DESIGNATE COMPLEX FOR ELDERLY ONLY	7	15	35
HELP THA PROGRAM PARTICIPANTS FIND JOBS	1	23	31
HELP THA PROGRAM PARTICIPANTS GET MORE EDUCATION	6	15	35
HELP THA PROGRAM PARTICIPANTS GET SOCIAL SERVICES	4	16	38
HELP THA PROGRAM PARTICIPANTS OPERATE MICRO BUS	13	21	22
ADDRESS FROMS OF HOUSING DISCRIMINATION	4	17	36